

Managed Risk Medical Insurance Board Healthy Families Program 2006 CAHPS® & YAHCS Survey Project

MRMIB

Sacramento, CA

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2006 CAHPS® Projects

- 25 Participating Health Plans
- 6 Participating Dental Plans
- Adapted Child Medicaid CAHPS® 3.0 Questionnaire – 76 questions
- Dental CAHPS 1.0 – adapted for children – 70 questions
- Trend data prioritized over questionnaire updates for 2006 project



2006 YAHCS Project

- 21 Participating Health Plans
- 4 plans without sufficient teen populations to support both CAHPS® and YAHCS
- Young Adult Health Care Survey
- Questionnaire developed by the Child and Adolescent Health Measurement Initiative (CAHMI)
- 15 CAHPS® Supplemental Questions and FACCT Living with Illness Supplemental Question sets – 58 Questions



2006 YAHCS Project

- Domains of Care
 - Quantity and Quality of Preventive Screening and Counseling for Risky Behaviors
 - Whether Counseling and Screening was Provided in a Confidential and Private Setting
 - Assessing Teens Experience of the Care Provided



2006 CAHPS® & YAHCS Project

- Methodology – Mixed Mode
- Mail Project plus Limited Telephone Follow-up
- YAHCS offered Web option, instead of phone
- All Projects administered in English, Spanish, Chinese, Korean and Vietnamese



2006 CAHPS® & YAHCS Project

- Sampling Protocol for CAHPS® Surveys
- 900 household cases selected for each Health or Dental plan
- CAHPS® samples selected before YAHCS
- Eligibility:
 - Enrolled in HFP for at least 6 months
 - Ages 3 to 18 years as of June 30, 2006



2006 CAHPS® & YAHCS Project

- Sampling Protocol for YAHCS Surveys
- 900 household cases selected for each Health plan, if possible
- Eligibility:
 - Enrolled in HFP for at least 6 months
 - Ages 14+ years as of June 30, 2006



2006 CAHPS® & YAHCS Project

- Prenotification Letter 8/3/06
- 1st Survey Packet 8/10/06
- Reminder Postcard 8/17/06
- 2nd Survey Packet 9/7/06
- Final Reminder Postcard 9/14/06
- Telephone Follow-up 9/21 – 10/23/06



2006 MRMIB CAHPS® Project

- Response Rate By Field Phase – Health Plan Survey

1st Mail

34% Complete

2nd Mail

12% Complete

Telephone

4% Complete

Field End

52.2% Overall Response Rate



2006 MRMIB CAHPS® Project

- Response Rate By Field Phase – Dental Plan Survey

1st Mail

29% Complete

2nd Mail

13% Complete

Telephone

7% Complete

Field End

50.9% Overall Response Rate



2006 MRMIB YAHCS Project

- Response Rate By Field Phase – YAHCS Survey

1st Mail

28% Complete

2nd Mail

13% Complete

Web

1% Complete

Field End

44.9% Overall Response Rate



Reporting

- Datasets
- Banner Books
- Graphical CQI
- CAHPS® SAS Macro



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EXECUTIVE SUMMARY

This report summarizes results from the 2006 consumer satisfaction survey of health plans for the Healthy Families Program (HFP). The survey is an important tool in monitoring quality and access to services. Subscribers receive this information during the Open Enrollment period and in the Program handbook which gives them additional facts about their health plan choices.

The results from 2006 survey show that the Program has maintained the same level of satisfaction since the survey was done in 2003 with some plans showing improvements or declines in some of the measures as indicated on the following pages. The results also indicate that the Program's performance was comparable to other SCHIP and Medicaid programs. Funding was not allocated for this survey in 2004 and 2005.

SURVEY METHODOLOGY

MRMIB conducted the survey through an independent survey vendor, DataStat, Inc., using the Child Medicaid version of the Consumer Assessment of Health Plan Survey (CAHPS®)¹ 3.0 questionnaire. The questionnaire contained 76 questions. Responses to the questions have been summarized into four global ratings and five composite scores. The global ratings included ratings of:

- health plan
- health care
- regular doctor or nurse
- specialist

The composite scores included ratings of:

- getting needed care
- getting care quickly
- how well doctors communicate
- courteous and helpful office staff
- customer service.

DataStat, Inc. conducted the survey over an 8-week period between August and October 2006. DataStat used a mixed mode (telephone and mail) five-step protocol. The five-step protocol consisted of:

- a pre-notification mailing
- an initial survey mailing

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

- a reminder postcard to all respondents
- a second survey mailing
- a second reminder postcard to all non-respondents.

Telephone follow-up was conducted for non-respondents in English and Spanish only. The CAHPS protocol for conducting the telephone follow-up in the Asian languages has not been developed. DataStat consulted with MRMIB staff to develop the pre-notification and follow-up letters based on recommended samples from the CAHPS® 3.0 protocol.

The survey was administered in five languages – English, Spanish, Chinese, Korean and Vietnamese. Families with a non-English language preference received two separate survey booklets – one in English and one in the written language selected on the HFP application.

Nine-hundred families per health plan were sampled for the survey. The sample size for these surveys was determined by the minimum number of returned surveys needed for the analysis and the expected response rates. MRMIB used the sample size recommended for commercial plan surveys because response rates for the HFP surveys have been comparable to commercial plan subscriber response rates.

Twenty-two plans had sufficient HFP enrollment to provide the target sample. Three plans did not have sufficient enrollment to provide the target sample. Subscribers in these plans who met the age and continuous enrollment criteria were surveyed. The number of families who were selected for the survey and the distribution of language surveys for each participating health plan are presented in Table 1.

Table 1 – Distribution of Surveys in Each Language Group by Health Plan

Health Plan	Total	E	S	C	K	V
Alameda Alliance for Health	900	265	407	202	2	24
Blue Cross - EPO	900	433	437	12	11	7
Blue Cross - HMO	900	423	366	56	38	17
Blue Shield - EPO	900	752	128	10	5	5
Blue Shield - HMO	900	488	285	62	39	26
CalOptima	900	133	620	4	22	121
Care 1st Health Plan	900	246	631	16	3	4
Central Coast Alliance for Health	900	258	632	5	1	4
Community Health Group	900	222	657	9	2	10
Community Health Plan	900	204	647	35	5	9
Contra Costa Health Plan	900	227	654	9	2	8
Health Net	900	453	364	58	7	18
Health Net Life	255	202	53	0	0	0
Health Plan of San Joaquin	900	372	497	23	0	8
Health Plan of San Mateo	900	242	643	13	0	2
Inland Empire Health Plan	900	365	524	3	2	6
Kaiser Permanente	900	521	355	15	3	6
Kern Family Health Care	900	357	541	1	0	1
LA Care	219	92	121	4	2	0
Molina	900	316	567	11	2	4
San Francisco Health Plan	900	169	151	572	0	8
Santa Barbara Regional Health Authority	741	194	545	1	0	1
Santa Clara Family Health Plan	900	187	505	24	1	183
Universal Care*	900	211	669	0	2	18
Ventura County Health Plan	900	211	687	0	1	1
Total	21,015	7,543	11,686	1,145	150	491

E= English S=Spanish C=Chinese K=Korean V=Vietnamese

** Universal Care is no longer participating in the Healthy Families Program, but was included in the 2006 survey.*

Table 1 shows that most of the surveys were distributed in English and Spanish. Chinese, Korean and Vietnamese surveys comprised nine percent (9%) of the total sample. However, the surveys for Alameda Alliance for Health Plan and San Francisco Health Plan comprise twenty-two percent (22%) and sixty-four percent (64%) of these languages respectively.

SURVEY RESULTS: OVERALL RATINGS

All plans had an adequate number of returned surveys to permit the analysis for plan-to-plan comparisons. The minimum number of responses needed for the analysis was 411 completed surveys per plan, which is the target number that NCQA defines for accreditation purposes. This goal allows for at least 100 responses per question for a comparative analysis and is comparable to most types of statistical testing. Tests are considered statistically significant when the number of cases used to compute each score is 30 or greater.

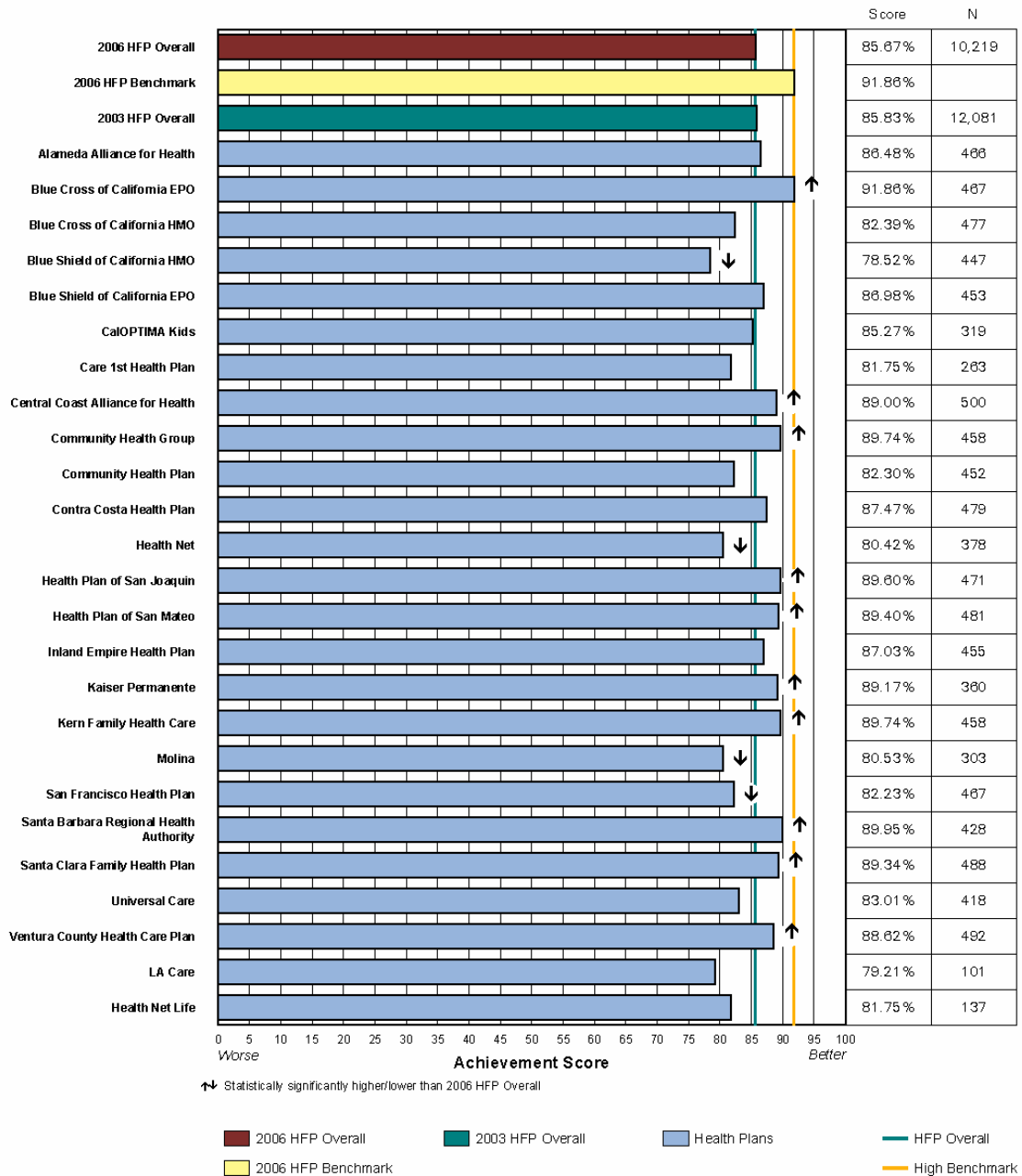
For the four rating questions, a 10-point scale was used to assess the overall experience with health plans, healthcare, providers and specialists. The scale uses “0” to represent the worst scores and “10” to represent the best score. The achievement scores for these

questions were determined by the percentage of families responding to each question using an 8, 9 or 10 rating. Individual plan scores for the 2006 survey are compared with the overall program score in 2006 and 2003 and a benchmark. This benchmark is based on the highest score achieved by a participating health plan with a minimum of 75 responses.

The following pages contain the HFP overall scores and the individual plan results for the overall rating questions. Plans that have achievement scores significantly higher or lower than the overall program score are indicated by a “↑” or “↓” next to their scores.

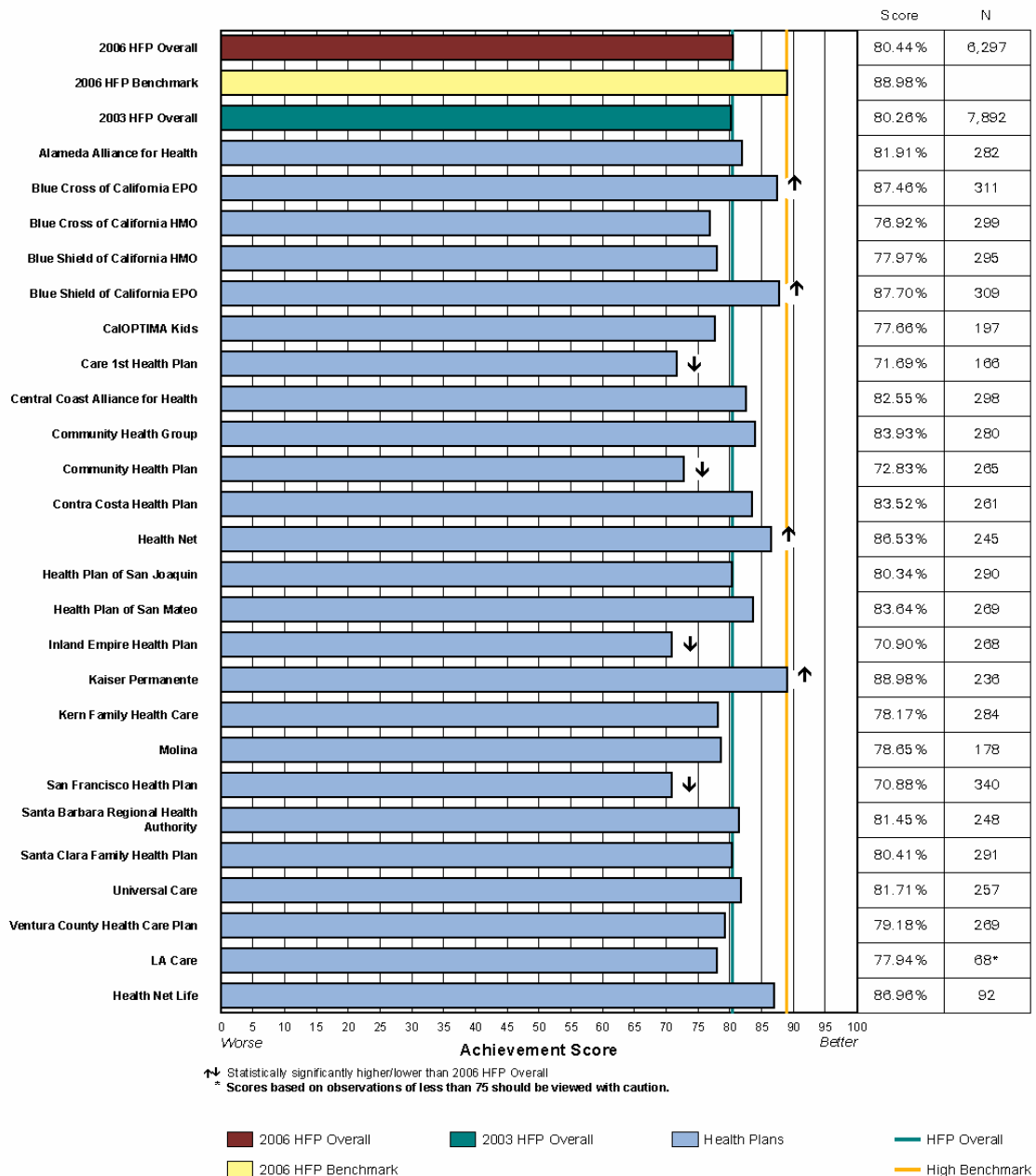
Overall Ratings (8, 9, 10)

Q62. Overall rating of health plan



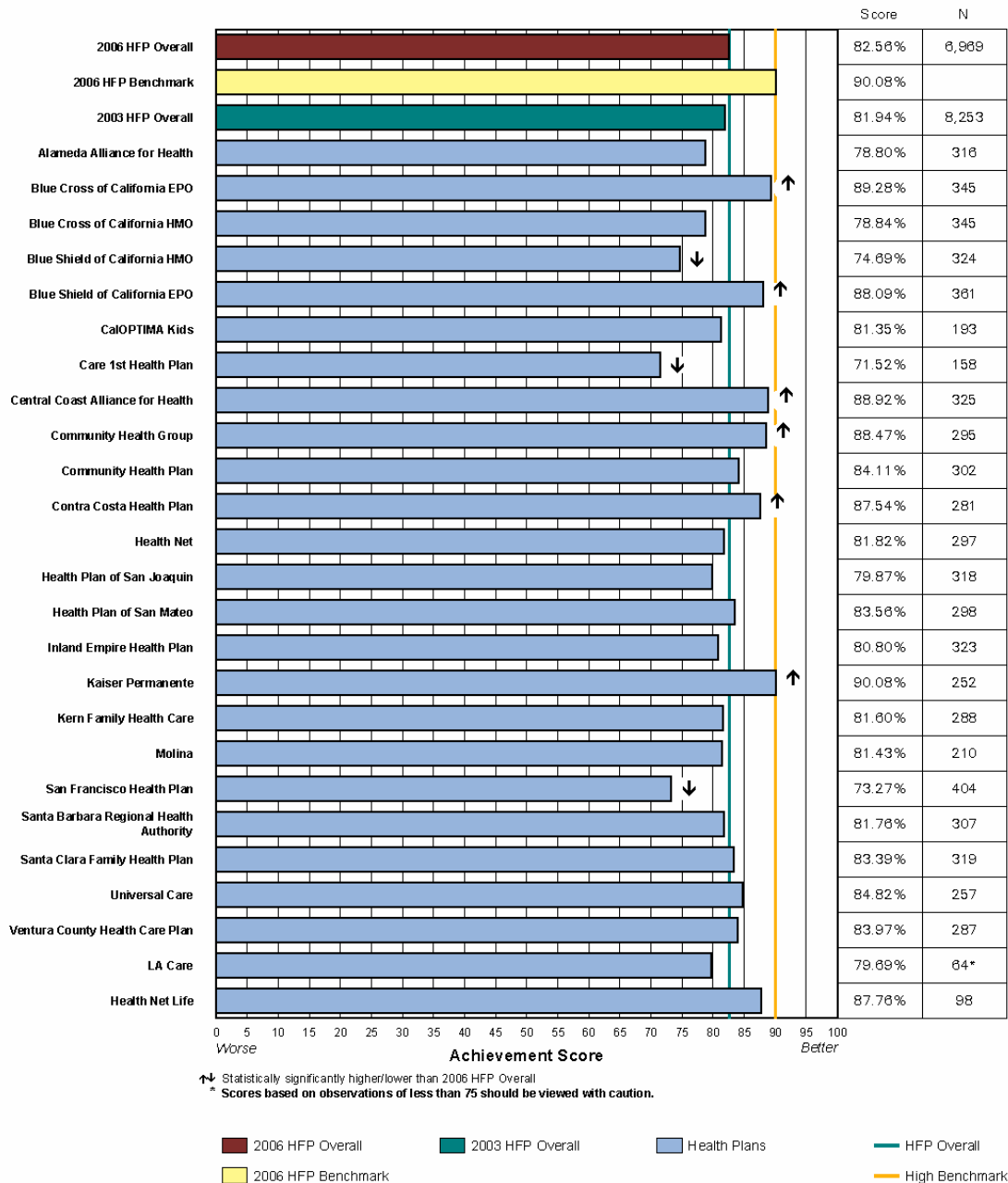
Overall Ratings (8, 9, 10)

Q39. Overall rating of health care



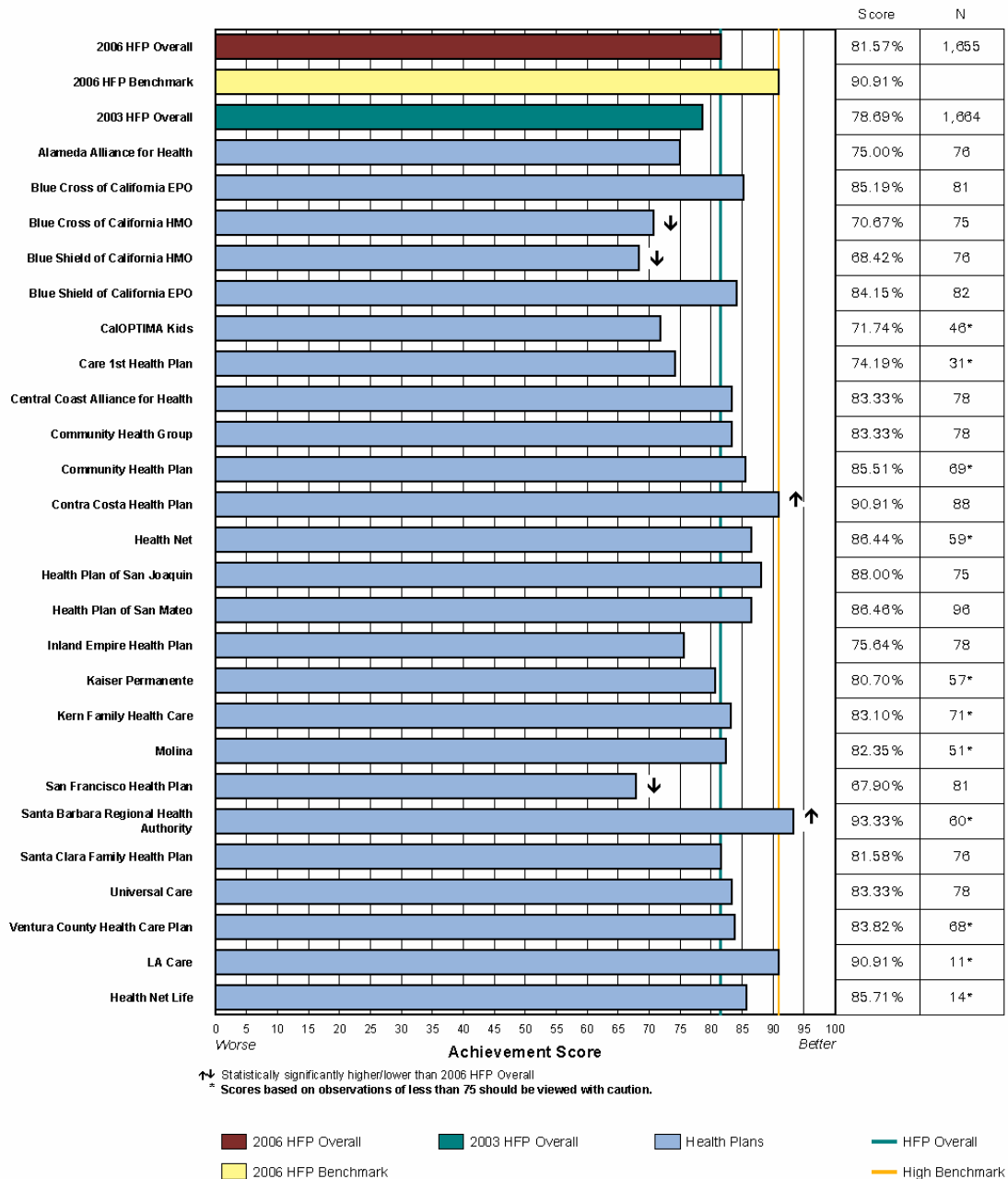
Overall Ratings (8, 9, 10)

Q5. Overall rating of personal doctor or nurse



Overall Ratings (8, 9, 10)

Q12. Overall rating of specialist



Summary of Rating Question Responses

The following changes occurred in the overall ratings from 2003 to 2006:

- The rating of *Specialist* increased from 2003 (78.7%) to 2006 (81.6%) and was a statistically significant improvement.
- The rating of *Personal Doctor or Nurse* improved slightly from 2003 (81.9%) to 2006 (82.6%), but it was not statistically significant.
- The rating of *Health Care* was about the same from 2003 (80.3%) to 2006 (80.4%).
- The rating of *Health Plan* was about the same from 2003 (85.8%) to 2006 (85.7%).

Table 2 shows whether the plan results for the ratings questions were statistically significantly above or below the program average score for 2006.

The following plans had achievement scores that were significantly above the program average in two or more questions:

- Blue Cross EPO and Kaiser Permanente achieved above average scores in three of the four questions.
- Blue Shield EPO, Central Coast Alliance for Health, Community Health Group and Contra Costa Health Plan achieved above average scores in two of the four questions.

The following plans had achievement scores that were significantly below the program average in two or more questions:

- Blue Shield HMO received below average scores in three of the four questions.
- Care 1st Health Plan received below average scores in two of the four questions.
- San Francisco Health Plan received below average scores in all four questions.

In 2000, an over sampling of families who received the survey in Chinese, Vietnamese and Korean showed that families responding in these languages rated the various factors less favorably than families responding in English and Spanish. These differences in responses among language groups may affect the scores of San Francisco Health Plan with a large number of subscribers whose primary language is one of the Asian languages. One area that MRMIB continues to explore is the differences in survey responses among the five language groups.

Table 2 – Statistically Significantly Higher and Lower than HFP Overall Ratings Scores

Health Plan	Overall Health Plan	Overall Health Care	Overall Personal Doctor or Nurse	Overall Specialist
Alameda Alliance for Health				
Blue Cross – EPO	▲	▲	▲	
Blue Cross – HMO				▼
Blue Shield – EPO		▲	▲	
Blue Shield – HMO	▼		▼	▼
CalOptima				
Care 1 st Health Plan		▼	▼	
Central Coast Alliance for Health	▲		▲	
Community Health Group	▲		▲	
Community Health Plan		▼		
Contra Costa Health Plan			▲	▲
Health Net	▼	▲		
Health Net Life				
Health Plan of San Joaquin	▲			
Health Plan of San Mateo	▲			
Inland Empire Health Plan		▼		
Kaiser Permanente	▲	▲	▲	
Kern Family Health Care	▲			
LA Care				
Molina	▼			
San Francisco Health Plan	▼	▼	▼	▼
Santa Barbara Regional Health Authority	▲			▲
Santa Clara Family Health Plan	▲			
Universal Care*				
Ventura County Health Plan	▲			

*Universal Care is no longer participating in the Healthy Families Program but was included in the 2006 survey

▲ = Statistically significantly higher than HFP Overall Rating Scores

▼ = Statistically significantly lower than HFP Overall Rating Scores

Table 3 shows changes in plan scores that have increased or decreased 4 or more percentage points from 2003 to 2006.

Table 3 – Plan Performance Changes in Overall Ratings from 2003 to 2006

Health Plan	Overall Health Plan	Overall Health Care	Overall Personal Doctor or Nurse	Overall Specialist
Alameda Alliance for Health	↑ (4%)	↑ (4%)		
Blue Cross – EPO				
Blue Cross – HMO				
Blue Shield – EPO				↑ (14%)
Blue Shield – HMO			↓ (5%)	↓ (4%)
CalOptima				↓ (8%)
Care 1 st Health Plan		↓ (6%)	↓ (7%)	↓ (5%)
Central Coast Alliance for Health				
Community Health Group	↑ (4%)		↑ (5%)	
Community Health Plan			↑ (10%)	↑ (17%)
Contra Costa Health Plan				↑ (9%)
Health Net		↑ (6%)		↑ (13%)
Health Net Life*				
Health Plan of San Joaquin		↓ (4%)		↑ (8%)
Health Plan of San Mateo		↑ (5%)		
Inland Empire Health Plan		↓ (10%)		↓ (22%)
Kaiser Permanente				
Kern Family Health Care				↑ (10%)
LA Care*				
Molina	↓ (7%)			
San Francisco Health Plan				↑ (10%)
Santa Barbara Regional Health Authority		↓ (6%)		↑ (5%)
Santa Clara Family Health Plan			↑ (5%)	
Universal Care**				
Ventura County Health Plan		↓ (5%)	↓ (4%)	

* Health Net Life and LA Care are new plans participating in the Healthy Families Program and no data is available for the 2003 survey for comparison

** Universal Care is no longer participating in the Healthy Families Program but was included in the 2006 survey.

SURVEY RESULTS: COMPOSITE SCORES

The composite score is made up of questions that are grouped by related broad domains of performance. An example of this grouping, *Getting Care Quickly* includes questions about getting advice by phone, about how soon appointments were scheduled, and about time spent waiting in the doctor's office. The achievement score for each composite is determined by the percentage of families who respond positively to each question that comprises the composite. A response is considered positive if the answers are "not a problem" for the questions comprising the *Getting Needed Care* and *Customer Service* composites, and "usually" and "always" for the *Getting Care Quickly*, *How Well Doctors Communicate*, and *Courteous and Helpful Office Staff* composites.

The survey questions that comprise each composite score are listed below.

Getting Needed Care

- Able to get a personal doctor or nurse for child you are happy with
- Able to get a referral to a specialist for child
- Able to get the care for child believed necessary
- No problems with delays in child's health care while awaiting approval

Getting Care Quickly

- Usually or always got help or advice needed for child when calling during regular office hours
- Child usually or always got an appointment for routine care as soon as wanted
- Child usually or always got needed care for an illness/injury as soon as wanted
- Child never or sometimes waited more than 15 minutes to be taken to the exam room

How Well Doctor's Communicate

- Doctors usually or always listened carefully
- Doctors usually or always explained things in an understandable way
- Doctors usually or always showed respect
- Doctors usually or always spent enough time with child

Courteous and Helpful Office Staff

- Usually or always treated with courtesy and respect by office staff
- Office staff usually or always helpful

Customer Service

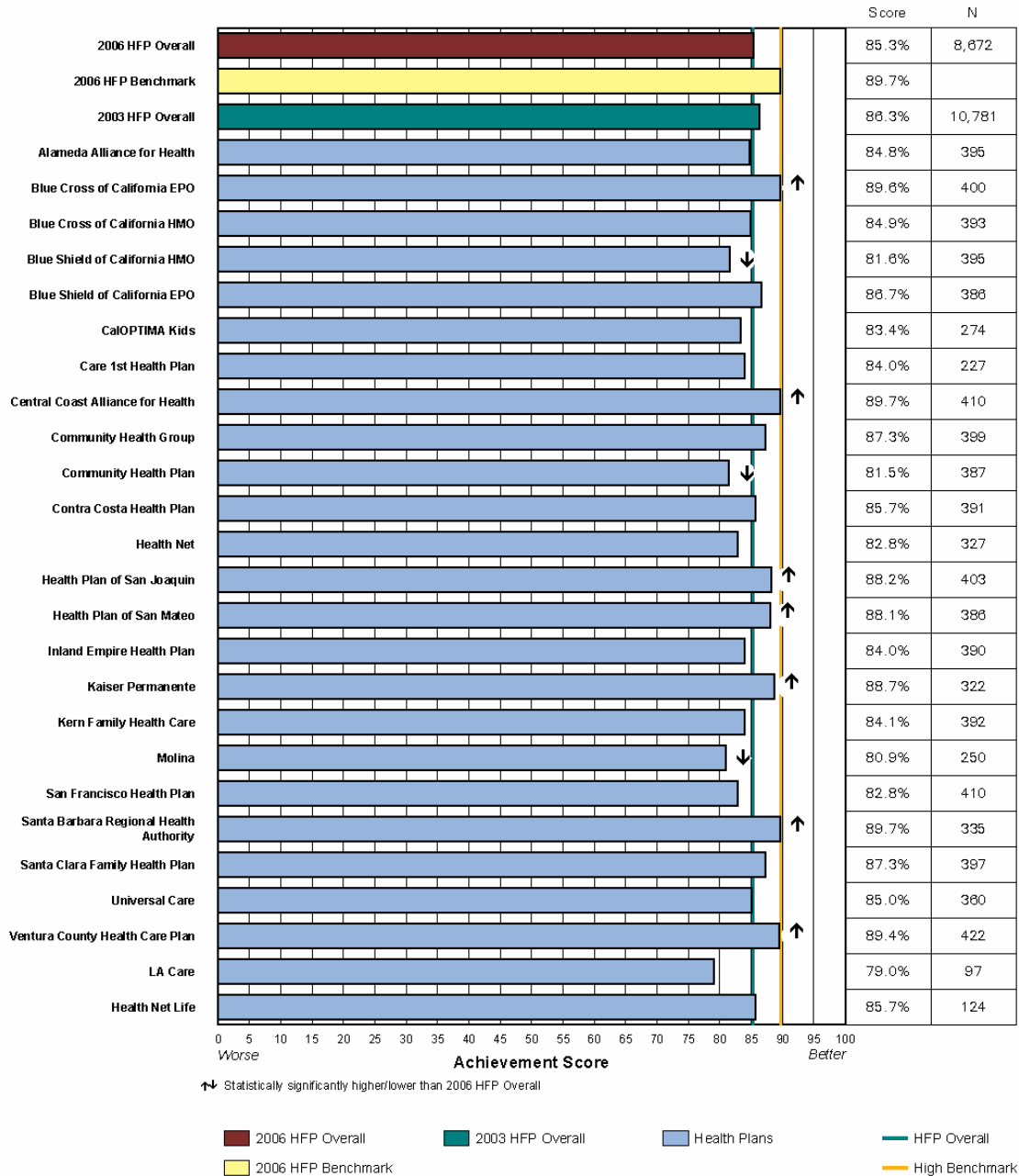
- Able to find or understand information in written materials
- Able to get help needed when you called child's health plan's customer service

Meaningful differences in the composite scores from one year to the next are more appropriately evaluated by examining changes in the scores of the individual questions that make up each composite score rather than testing for statistical significance.

The following pages contain the HFP overall program scores and the individual plan results for the composite scores. Plans that have achievement scores significantly higher or lower than the overall program score are indicated by a "↑" or "↓" next to their scores.

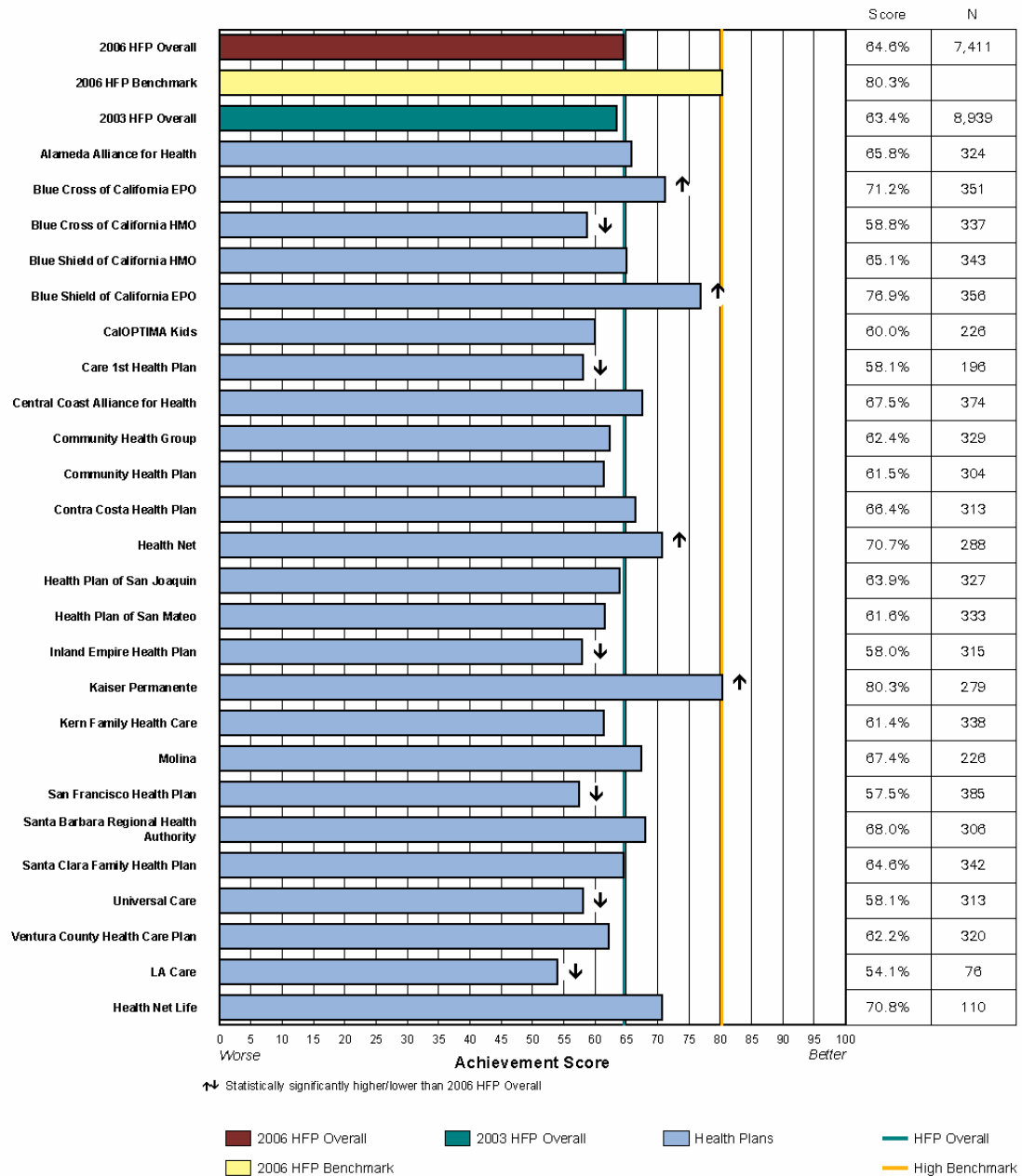
Getting Needed Care

Composite Score



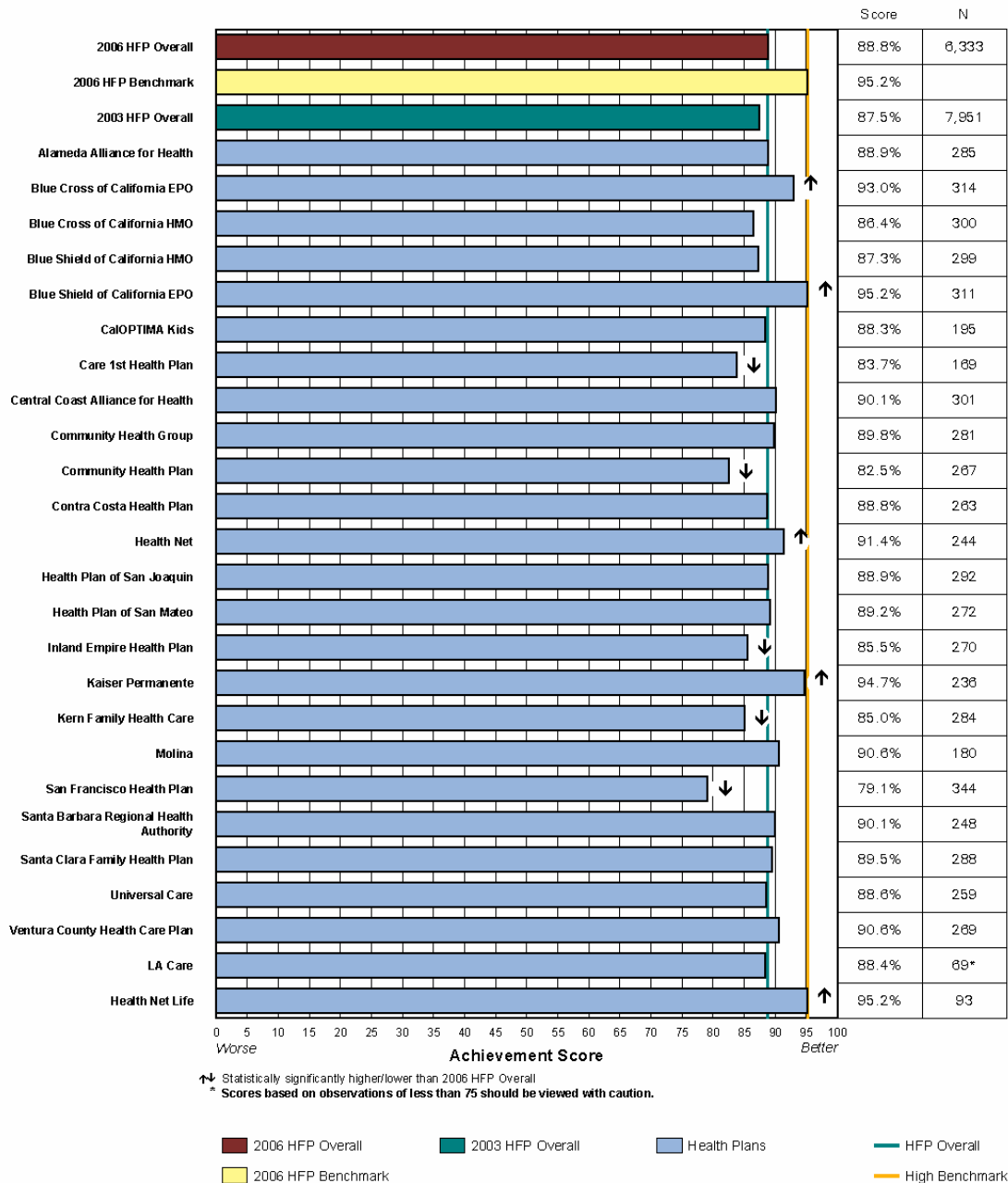
Getting Care Quickly

Composite Score



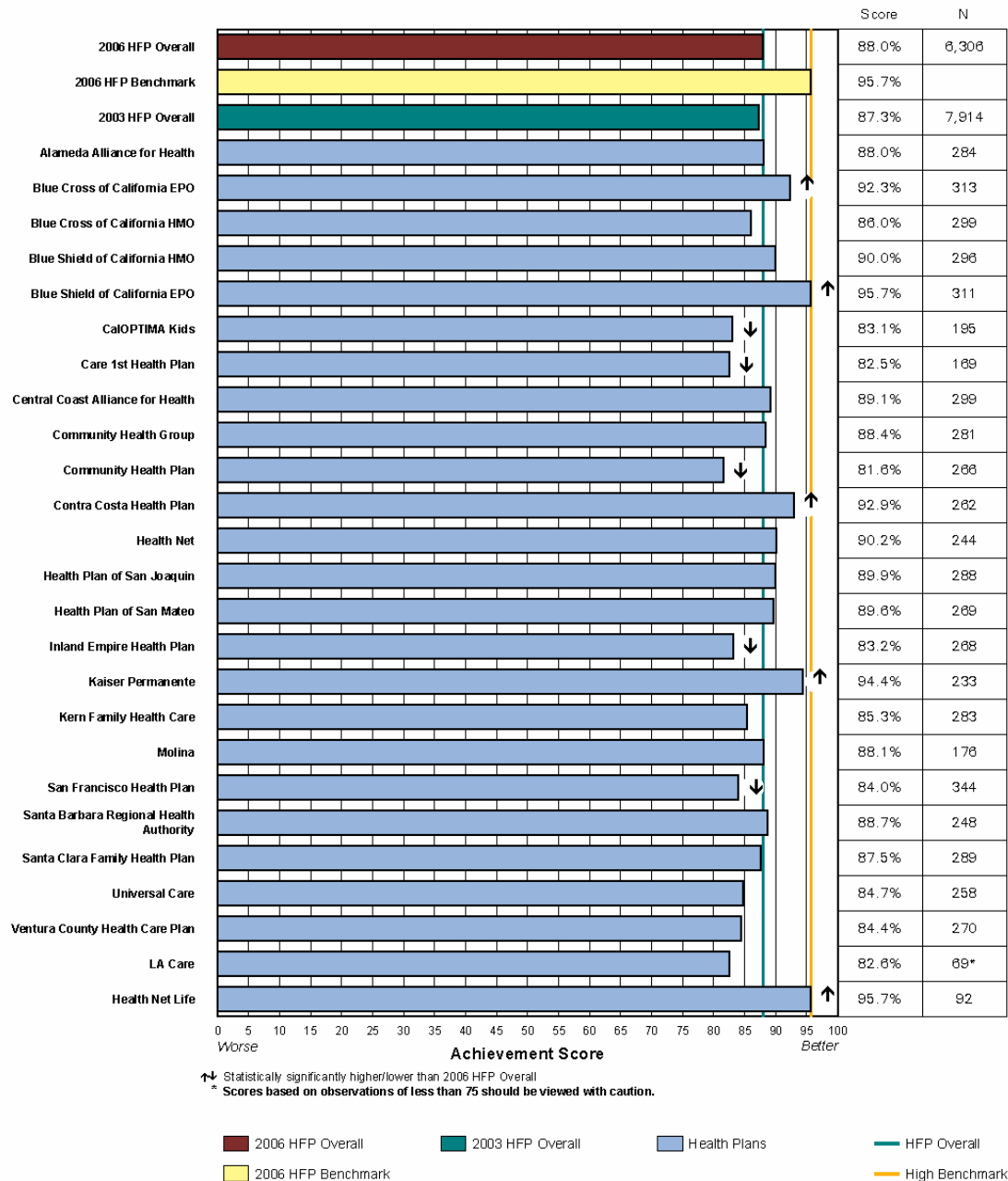
How Well Doctors Communicate

Composite Score



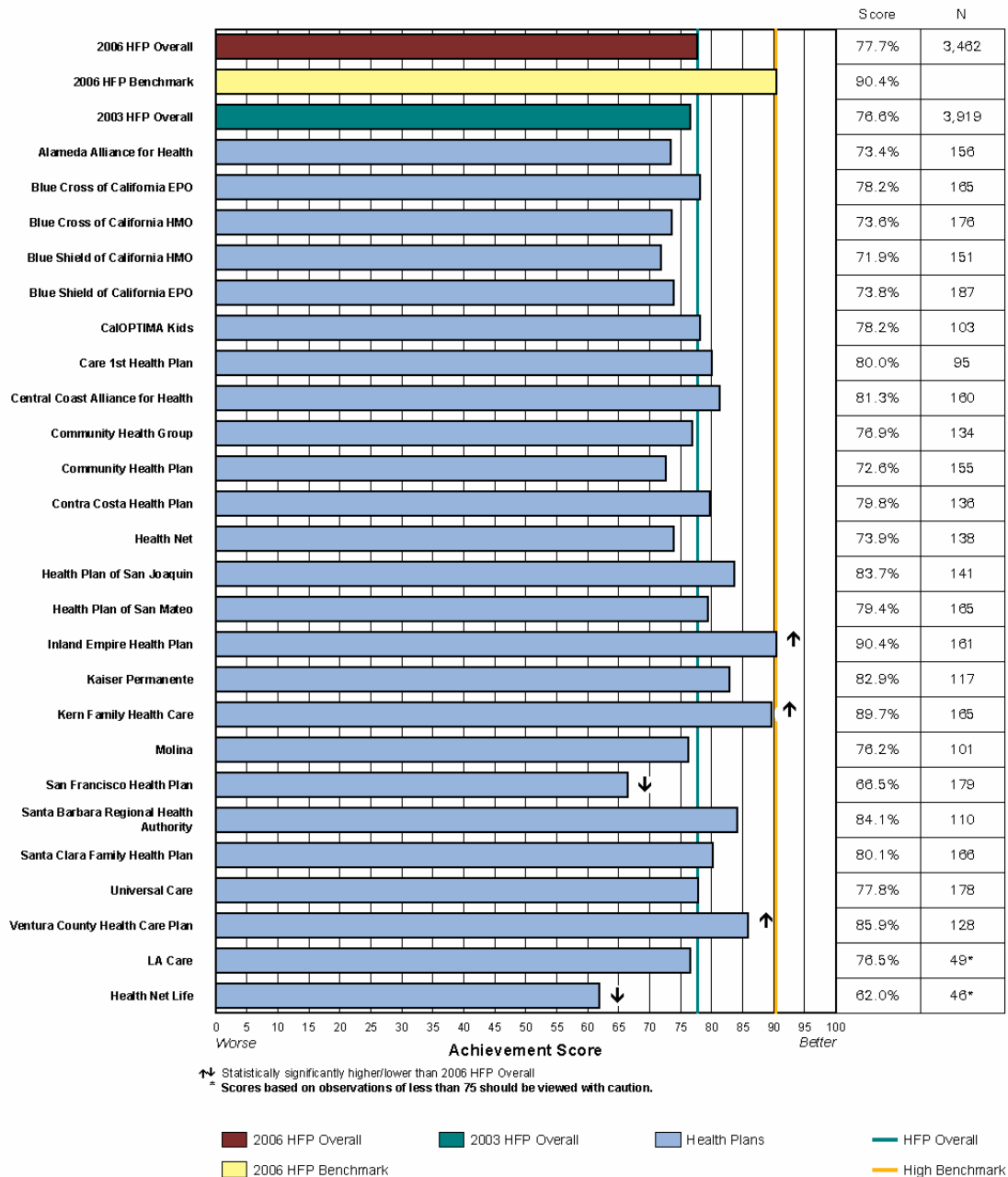
Courteous and Helpful Office Staff

Composite Score



Customer Service

Composite Score



Summary of Composite Score Results

Scores show slight changes from 2003. The following changes occurred in the composite scores from 2003 to 2006:

- The rating of *Getting Needed Care* decreased slightly from 2003 (86.3%) to 2006 (85.3%).
- The rating of *Getting Care Quickly* increased slightly from 2003 (63.4%) to 2006 (64.6%).
- The rating of *How Well Doctors Communicate* increased from 2003 (87.5%) to 2006 (88.8%).
- The rating of *Courteous and Helpful Office Staff* increased slightly from 2003 (87.3%) to 2006 (88%).
- The rating of *Customer Service* increased slightly from 2003 (76.6%) to 2006 (77.7%).

Table 4 shows each plan having composite scores that fell significantly above or below the program average. The following plans had achievement scores that were significantly above the program average in two or more domains:

- Blue Cross EPO and Kaiser Permanente achieved above average scores in four of the five domains.
- Blue Shield EPO achieved above average scores in three of the five domains.
- Health Net, Health Net Life and Ventura County Health Plan achieved above average scores in two of the five domains.

The following plans had achievement scores that were significantly below the program average in two or more domains:

- San Francisco Health Plan received below average scores in four of the five domains.
- Care 1st Health Plan, Community Health Plan and Inland Empire Health Plan received below average scores in three of the five domains.

Table 4 – Statistically Significantly Higher and Lower than HFP Overall Composite Scores

Health Plan	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service
Alameda Alliance					
Blue Cross – EPO	▲	▲	▲	▲	
Blue Cross – HMO		▼			
Blue Shield – EPO		▲	▲	▲	
Blue Shield – HMO	▼				
CalOptima				▼	
Care 1 st Health Plan		▼	▼	▼	
Central Coast Alliance for Health	▲				
Community Health Group					
Community Health Plan	▼		▼	▼	
Contra Costa Health Plan				▲	
Health Net		▲	▲		
Health Net Life			▲	▲	▼
Health Plan of San Joaquin	▲				
Health Plan of San Mateo	▲				
Inland Empire Health Plan		▼	▼	▼	▲
Kaiser Permanente	▲	▲	▲	▲	
Kern Family Health Care			▼		▲
LA Care		▼			
Molina	▼				
San Francisco Health Plan		▼	▼	▼	▼
Santa Barbara Regional Health Authority	▲				
Santa Clara Family Health Plan					
Universal Care*					
Ventura County Health Plan	▲				▲

* Universal Care is no longer participating in the Healthy Families Program but was included in the 2006 survey.

▲ = Statistically significantly higher than HFP Overall Rating Scores

▼ = Statistically significantly lower than HFP Overall Rating Scores

Table 5 shows changes in plan scores that have increased or decreased 4 or more percentage points from 2003 to 2006.

Table 5 - Plan Performance Changes in Overall Composite Scores from 2003 to 2006

Health Plan	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service
Alameda Alliance					
Blue Cross – EPO					
Blue Cross – HMO					↓ (6%)
Blue Shield – EPO					↑ (6%)
Blue Shield – HMO					
CalOptima					
Care 1 st Health Plan					
Central Coast Alliance for Health					
Community Health Group				↑ (4%)	↓ (5%)
Community Health Plan		↑ (6%)			↑ (4%)
Contra Costa Health Plan		↑ (7%)		↑ (5%)	↑ (6%)
Health Net					
Health Net Life					
Health Plan of San Joaquin					↑ (5%)
Health Plan of San Mateo					
Inland Empire Health Plan					↑ (11%)
Kaiser Permanente					
Kern Family Health Care		↑ (4%)			↑ (5%)
LA Care					
Molina	↓ (4%)	↑ (11%)	↑ (7%)	↑ (5%)	↓ 7%)
San Francisco Health Plan				↑ (4%)	
Santa Barbara Regional Health Authority		↓ (7%)			↑ (10%)
Santa Clara Family Health Plan					
Universal Care**					
Ventura County Health Plan					↑ (9%)

* Health Net Life and LA Care are new plans participating in the Healthy Families Program and no data is available for the 2003 survey for comparison

** Universal Care is no longer participating in the Healthy Families Program but was included in the 2006 survey.

SURVEY RESULTS: CORRELATION OF SCORES AND SATISFACTION

DataStat, Inc. conducted three analyses in addition to the overall and individual plan scores. The analyses were used to illustrate the program's strongest and weakest areas of performance and the top ten questions that were highly correlated with satisfaction. The areas of strongest and weakest performance are based on the highest and lowest achievement score for a particular question. Questions were identified as having a high positive performance if their achievement score was greater than or equal to eighty-five percent (85%). There were five items that had over ninety percent (90%) of subscribers responding positively. These items are identified in Table 6. These five items were not highly correlated with overall satisfaction. Questions were identified as having a low positive performance if their achievement score was lower than eighty-five percent (85%). There were four items that had less than eighty-five percent (85%) of subscribers responding positively. These items are identified in Table 7. The weakest plan

performance areas were identified in the questions that were highly correlated with satisfaction. A correlation coefficient of 0.40 or greater indicates a relatively high correlation with plan satisfaction. Coefficients less than 0.40 indicate a low correlation with plan satisfaction.

Table 6 – Areas of Strongest Performance

Question	HFP Achievement Score	Correlation with overall Satisfaction (Yes or No)	Composite Group
No problem with paperwork for health plan	94.3%	N (0.16)	Single Item Measure*
Did not call or write to health plan with complaint or problem	94.2%	N (0.19)	Single Item Measure*
Doctors usually or always showed respect	93.3%	N (0.27)	How Well Doctors Communicate
No problems w/delays in child's health care while awaiting approval	93.1%	N (0.23)	Getting Needed Care
Doctors usually or always listened carefully	91.5%	N (0.31)	How Well Doctors Communicate

(*Single item measures are questions in the survey that do not fall into the ratings or composite group categories.)

Table 7 – Areas of Weakest Performance

Question	HFP Achievement Score	Correlation with overall Satisfaction (Yes or No)	Composite Group
Able to get help needed when you called child's health plan's customer service	75.4%	Y (0.43)	Customer Service
Overall rating of specialist	81.6%	Y (0.45)	Overall Ratings
Overall rating of health care	80.4%	Y (0.58)	Overall Ratings
Overall rating of personal doctor or nurse	82.6%	Y (0.48)	Overall Ratings

There were several other areas that were moderately correlated with satisfaction. These are shown in Table 8.

Table 8 – Other Items Correlated with Satisfaction

Question	HFP Achievement Score	Correlation with Satisfaction (Yes or No)	Composite Group
Able to find or understand information in written materials	77.0%	N (0.33)	Customer Service
Able to get a personal doctor or nurse for child you are happy with	79.9%	N (0.36)	Getting Needed Care
Able to get referral to a specialist for child	62.8%	N (0.35)	Getting Needed Care
Able to get the care for child believed necessary	79.4%	N (0.31)	Getting Needed Care
Child usually or always got an appt. for routine care as soon as wanted	79.9%	N (0.29)	Getting Care Quickly

SURVEY RESULTS: COMPARISON TO NATIONAL SCHIP AND MEDICAID

The program's performance in the overall ratings is consistent with scores compared to National SCHIP and National Medicaid programs.

Table 9 - Comparison of HFP, National SCHIP & National Child Medicaid for Ratings Questions

Rating Questions Definition of Achievement Scores (7,8,9,10)	2006 HFP	2006 National SCHIP*	2006 National Child Medicaid*
Health Plan	93%	91%	89%
Health Care	90%	92%	91%
Personal Doctor or Nurse	91%	92%	91%
Specialist	89%	88%	88%

*Comparison data taken from the 2006 CAHPS® Benchmarking Database

For the composite scores, the Program's performance for *Getting Needed Care* was significantly above National SCHIP and National Medicaid child scores. Once again, the HFP scores for the *Getting Care Quickly* composite continue to be significantly lower in comparison to the SCHIP and Medicaid scores. However, it was about the same for *How Well Doctors Communicate*, *Courteous and Helpful Office Staff* and *Customer Service*.

Table 10 - Comparison of HFP, National SCHIP & National Child Medicaid for Composite Questions

Composite Questions	Definition of Achievement Score	2006 HFP	2006 National SCHIP	2006 National Child Medicaid
Getting Needed Care	Not a Problem	85%	78%	74%
Getting Care Quickly	Usually + Always	65%	82%	81%
How Well Doctors Communicate	Usually + Always	89%	93%	91%
Courteous & Helpful Office Staff	Usually + Always	88%	93%	92%
Customer Service	Not a Problem	75%	77%	75%

*Comparison data taken from the 2006 CAHPS® Benchmarking Database

CONCLUSION

Results from this survey reveal key points regarding the Healthy Families Program. The 2006 scores reveal that the Program has maintained the same level of satisfaction since the survey was done in 2003. Families continue to have positive experiences in the Program and with their health plans.

- Eighty-six percent (86%) of families surveyed for the core survey gave their health plan high ratings (at least an 8 on a scale of 0-10).
- Eighty percent (80%) gave their health care a high rating.
- Eighty-three percent (83%) gave their personal doctor or nurse a high rating.
- Eighty-two percent (82%) gave their specialist a high rating.

The data obtained from this survey provides plans and MRMIB with an opportunity to determine areas of best practices and areas needing improvement. HFP health plans are provided with detailed information about their results which they have used to initiate changes in the delivery of services. MRMIB will be meeting with the plans to develop an approach to use the results from the survey for developing collaborative quality improvement activities for deficient areas, and for sharing best practices among participating health plans. In addition, the survey results will be used in conjunction with other quality measurement tools to assess plan performance.

Acknowledgements

Prepared by Mary Watanabe, Benefits Specialist

Assisted by Cristal Schoenfelder, Policy and Operations Manager, Benefits and Quality Monitoring Division